

2017 STINGRAYS SWIM TEAM REGISTRATION

Child's Name: _____ Date of Birth: _____
Child's Name: _____ Date of Birth: _____
Child's Name: _____ Date of Birth: _____

Father's Name: _____ Cell #: _____
Mother's Name: _____ Cell #: _____

Address: _____
Home phone: _____
E-mail address: _____



***Each family is required to pay a \$100 deposit for worker shifts. Everyone is responsible to work 2 shifts during the season and either a minimum of 2 hours at the clean up day or 1 invitational shift. By registering and signing you are agreeing to complete worker shifts or find someone to work them for you. **YOU** are also responsible to call the work coordinator to schedule your work shifts. If **YOU** fail to call to schedule or fail to work, we will cash your 100-dollar check.

Parent/Guardian Signature: _____

Date: _____

REGISTRATION: _____ x \$ 40.00 EACH, NOT TO EXCEED \$100 PER FAMILY
REQUIRED SILICONE CAP _____ x \$ 10.00 EACH
INVITATIONAL ENTRY _____ x \$ 12.00 EACH
TOTAL COLLECTED: \$ _____ CHECK #: _____
WORK DAY DEPOSIT: \$ 100.00 CHECK #: _____
SUMMER MEMBERSHIP \$ _____ CHECK # _____ FULL MEMBER #: _____